

DEPARTMENT OF PHARMACY AND CHEMISTRY.

Edited by FRED I. LACKENBACH.

The House of Delegates of the American Medical Association, at the sixty-second annual session held at Los Angeles, June, 1911, approved the following recommendations from the Section on Pharmacology and Therapeutics.

Trademarks and Patents.

Whereas, Co-operation between the medical and pharmaceutical professions is essential for the development of materia medica science and the advancement of the art of preparing medicines and applying the same to the treatment of the sick, and,

Whereas, Progress in materia medica science and in the pharmacologic and therapeutic arts is being hindered and co-operation between physicians, pharmacists and manufacturers engaged in the chemical and pharmaceutical industries prevented by product patents and the registration of names as trademarks, which are afterward employed as generic or descriptive names of materia medica products; therefore, be it

Resolved, That we, the Section on Pharmacology and Therapeutics of the American Medical Association, representing the medical and pharmaceutical professions, do hereby request the House of Delegates to instruct the Council on Health and Public Instruction to draft amendments to the patent and trademark laws whereby no patents shall be granted on materia medica products, and the patents shall be limited to process and apparatus for manufacture, leaving the products themselves and the currently used names of the same free to science and commerce.

1. The recommendation that the American Medical Association should undertake an educational propaganda in behalf of the United States Pharmacopeia and National Formulary is in harmony with the educational work of the A. M. A. and is thereby approved.

2. The testing of the therapeutic claims made by manufacturers of alleged new remedies is in harmony with the work of the A. M. A. Standing in the way of this work are the proprietary claims of the manufacturers. . . . The Section approves the testing of new materia medica products which are free to science and commerce. Such test should include the work of experts in pharmacognosy, pharmacy, pharmaco-dynamics and therapy dynamics as well as the work of clinicians. Only by co-operation between experts in these various branches of pharmacologic practice can the science of the materia medica and the arts on which this science is dependent be properly developed. . . . (The attitude of the Association on this question finds practical expression in the work of the Council on Pharmacy and Chemistry and in the rules governing the admission of proprietary articles to NEW AND NONOFFICIAL REMEDIES.—F. I. L.).

4. The proper selection, preservation, preparation, compounding and dispensing of medicine requires proper education and training not included in the courses of instruction given in medical schools, but comprised in the courses furnished by schools of pharmacy. Physicians who have not duly qualified as pharmacists are not trained to undertake the work of the pharmacist. However, as stated in the recommendation of the delegation, there are conditions existing which require physicians to dispense their own medicines. The Section, therefore, recommends that physicians shall, as far as possible, relegate to pharmacists the dispensing and limit themselves to the prescribing of medicines; also that pharmacists place themselves in position to act in co-operation with the medical profession by refraining from counter-prescribing, and recommending medicines for self-medication whether prepared by themselves or others.

3. The Section does not approve of substitution of one product for another, or one brand for another, without the knowledge or consent of the pre-

scriber. Circumstances may sometimes arise when it is impossible to obtain consent beforehand. Under such circumstances the substitution of brands may be permissible but not the substitution of products. In such cases the prescriber should always be notified afterward and subsequent renewal of prescription be guided by the wishes of the prescriber.

Ethical Rules For the Guidance of Physicians and Pharmacists in Their Relations With Each Other and With the Public.*

Ethical principles or standards of right conduct exist irrespective of their foundation or codification. Ethical rules are calculated to elevate standards of moral conduct and to foster a spirit of harmony between professional men. A code of ethics is designed not only for the restraint of those who are actuated by unworthy motives, but for the guidance of those, also, who seek to be governed in their actions by high and true principles.

The Duties of the Physician to the Pharmacist.

1. The physician has no moral right to discriminate in favor of one pharmacist to the detriment of another, except for dishonesty, incompetency or unscientific methods of work.

2. The physician is never justified in receiving from a pharmacist gratuities in return for patronage; in depositing secret formulas with an individual pharmacist, or by word or deed to jeopardize his professional reputation.

3. The physician may sometimes find it an advantage to the patient to dispense the medicine; yet in the main it must be regarded as a subterfuge and a hindrance to all interests involved. The physician should, if practicable, avail himself of the superior technical skill of a trained pharmacist in the preparation and dispensing of medicines.

The Duties of the Pharmacist to the Physician.

1. The pharmacist who recommends drugs or medicines for specific remedial purposes, either directly or through the avenues of advertisement, thereby exceeds the limits of his profession and commits an act unworthy of his calling.

2. The pharmacist who consents to diagnose disease or prescribe for patients except where emergencies arise, without a proper medical training, assumes responsibilities for which he is not qualified and justly incurs the disapproval of physicians.

3. The pharmacist transgresses his true province when for commercial purposes he issues to physicians printed matter setting forth the therapeutic indications for the use of drugs or medicinal preparations. The constituents of a drug or compound, together with its chemical and physical properties, should be a sufficient guarantee of its utility.

The Duties of the Physician and the Pharmacist to the Public.

1. The combined efforts of the physician and the pharmacist are required to protect the public from the nostrum maker, the pseudo-scientific pharmacist, the sectarian physician and the drug vendor, and the two should be in continual alliance to demand the extermination of these commercial and mercenary institutions.

2. The physician and the pharmacist should, as far as possible, limit the multiplication of manufactured proprietary compounds. It must be regarded as reprehensible to encourage the use of these remedies to the exclusion of those which are official in the pharmacopoeias. It is also their plain duty to discourage the use and sale of all medicines which lead to baneful drug habits.

3. The best interests of the patient are undoubtedly conserved by the custom of physicians to practice rational therapeutics to the exclusion of those methods which tend to the use of many remedies or those of unknown composition; and the supreme effort of the dispensing pharmacist should be to complete the circle of therapeutics by supplying the demands of experimental and clinical teaching with eligible and trustworthy preparations.

* Presented by the Medical Society of New Jersey to the U. S. Pharmacopoeal Convention, 1910.